



**MeddocLocums**

**MEDDOC LOCUMS USE ONLY**

Client:

Invoice No. DL

Paid:

Payment Date :

Notes:

310 Kenton Road

Harrow

Middlesex

HA3 9DF

Tel: 0845 468 2520

Fax: 0845 468 2510

jobs@meddoclocums.com

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CANDIDATE NAME:

CLIENT NAME:

CANDIDATE GMC NUMBER:

CLIENT ADDRESS:

CANDIDATE ID NUMBER:

DATE:

DATE	START TIME	END TIME	REGULAR HOURS	HOME VISITS	TOTAL HOURS
<b>WEEKLY TOTAL:</b>					

**Client Declaration:**

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum and the Hours/shift that I am authorising are accurate.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Candidate Declaration:**

I declare that the information I have given on this form is correct. Please raise an invoice on my behalf and pay me gross. I will be responsible for my TAX deduction.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit your signed timesheet to Meddoc Locums Ltd by:**

**Fax: 0845 468 2510**

**Email: account@meddoclocums.com**